PROPOSED ASSESSMENT PLAN

Assessment Plan			
Company Name:	**US EPA Region 5 Chicago Regional Lab a.k.a. CRL**	**Customer No.**	**3038**
Primary Address:	**536 South Clark Street, 10th Floor**	**Scope No.**	**L2280**
City, State, Zip:	**Chicago, IL 60605**	**AB Program Manager**	**Zaneta Popovska**
Primary Contact:	**Angela Ockrassa Davis**	**Email:**	**ockrassa-davis.angela@epa.gov**
Phone:	**312-353-7445**	**Fax:**	**312-408-2284**

Client Instructions

- Please review the information for correctness. Identify and update any changes as necessary.
- Changes to the assessment plan can and will be made onsite to accommodate the completeness of the assessment.
- Signature approval of this assessment plan is required prior to Assessor making travel arrangements.
- Upon approval and signature of this assessment plan please e-mail to operationsftw@anab.org or fax to (260) 637-2791.
- **If your facility has arrangements for discount lodging, please let the AB or the Lead Assessor know for consideration.**

Current Project Year	Surveillance Base Date (SBD)	Lead Assessor	Team Assessor(s)
SA1	**June, 10, 2017**	**Michael Shepherd**	
Quoted Mandays	**Scheduled Mandays**	**Confirmed Dates**	
3.0	**3.0**	**August 16-18, 2017**	
Prior Years N/C's	**Closed N/C's**	**Open N/C's & Reason if Open**	
8	**8**		
Accreditation Standards / Programs to be Assessed		**ISO/IEC 17025:2005 LABPR413 – Forensic Science (G19-2002)**	

Special Instructions for Current Project

For services performed at the following location			
Site Location #1	**US EPA Region 5 Chicago Regional Lab a.k.a. CRL**	**Field Technicians:**	
Address:	**536 South Clark Street, 10th Floor**	**In House Technicians:**	
City, State, Zip	**Chicago, IL 60605**	**Scope Parameters Onsite:**	
Quality Manager:	**Angela Ockrassa Davis**	**Technical Manager:**	George Schupp
Phone:	312-353-7445	**Phone:**	312-353-1226
E-mail:	ockrassa-davis.angela@epa.gov	**E-mail:**	schupp.george@epa.gov

Day 1 8/16/17		Single Assessor
Time	**Activity**	**Notes/Comments**
8:30-9:00	Arrival and Introductions	
9:00-9:30	Opening Meeting	☐ Meeting Attendance ☐ Introductions ☐ Accuracy of the Application Confirmed ☐ Purpose of the Assessment ☐ Accreditation Process ☐ Assessment as a Sampling Process ☐ Reports Produced During the Process ☐ Checklists Used by the Assessor ☐ Non Conformance Report ☐ Agreed Upon Scope ☐ Review of Current Draft Scope of Accreditation ☐ Opportunities to Change the Scope ☐ Arrangements for Private Area to Work ☐ Location to Review the Quality System ☐ Private Area for the Assessment Team to Work ☐ Lunch Arrangements ☐ Time for Closing Meeting ☐ Safety Issues for the Assessment Team ☐ Closure of Meeting and Tour of Facilities
9:30-12:00	Sample Receiving/Sample Handling (ISO/IEC 17025 and LABPR-413 Forensic Science Sect. 5.8) DOCs, Personnel, Training (ISO/IEC 17025 and LABPR-413 Forensic Science, Sections 5.2 and 5.4, includes adding new analytes to existing methods 200.7/200.8)	
12:00-1:00	Lunch	
1:00-4:00	Test method observations per the proposed scope. ISO/IEC 17025:2005 Sections 5.1 – 5.10. 1) Metals digestions: Methods 3010/3050 2) Metals: Metals001 (Based on Methods 6020A/200.8 including L-A-B OGWDW Program for 200.8 and new analyte V) 3) Metals: Metals003/4 (Based on Methods 6010C/200.7 including L-A-B OGWDW Program for 200.7 and new analytes)	
4:00-4:30	Assessor Conference	
4:30-5:00	Daily de-briefing	
5:00	Depart for the day	

Day 2 8/17/17		Single Assessor
Time	**Activity**	**Notes/Comments**
9:00-9:30	Arrival and questions from previous day.	
9:30-12:00	Test method observations per the proposed scope. ISO/IEC 17025:2005 Sections 5.1 – 5.10. 1) GC/MS Volatiles (Based on Method 8260) 2) Organic Extractions Methods 3) GC/MS Semivolatiles (Based on Methods 8270 and 625)	
12:00-1:00	Lunch	
1:00-4:00	Test method observations per the proposed scope. ISO/IEC 17025:2005 Sections 5.1 – 5.10. • SOP AIG031B Nitrate/Nitrite Nitrogen Based on ASTM D77-14 • SOP OM021 Polyfluorinated Compounds (PFCs) Liquid Chromatography/Mass Spectrometry - LC/MS/MS (Technology)	
4:00-4:30	Assessor Conference	
4:30-5:00	Daily de-briefing	
5:00	Depart for the day	

Day 3 8/18/17		Single Assessor
Time	**Activity**	**Notes/Comments**
9:00-9:30	Arrival and questions from previous day.	
9:30-12:00	Quality Management Systems Review: ISO/IEC 17025:2005 and LABPR-413 Forensic Science Section 4.1-4.14 including Section 4.13: Internal Audits • Section 4.14: Management Reviews	
12:00-1:00	Lunch	
1:00-2:00	• Review of previous non-conformances • Traceability Tracking documentation	
2:00-3:00	Finalize Report	
3:00-4:00	Exit Meeting	
4:00	Depart	

This agenda has been prepared for the assessment of your organization to the ANAB accreditation requirements based on the applicable accreditation standard and applicable ANAB program requirements.

Assessment plan times may be modified slightly as necessary to accommodate Assessor travel arrangements and appropriate coverage of the assessment requirements.

In order to use time to its fullest advantage, it is requested that everyone involved in the assessment process review this assessment plan to get an idea of what will take place during the assessment.

The laboratory should make arrangements for an in-house working lunch. This allows discussion about the current status of the assessment in an open & friendly atmosphere.

The information listed below is provided as further guidance to help you prepare for your upcoming assessment:

1. The following documentation should be readily available for review during the assessment visit:
    - ☐ Any completed non-disclosure agreements
    - ☐ Any completed confidentiality agreement statements
    - ☐ All records pertaining to changes in controlled documents
    - ☐ Any quality documents still in draft form
    - ☐ All obsolete documents records
    - ☐ Current master documents list (including normative documents)
    - ☐ Subcontractors list (as applicable)
    - ☐ Completed purchase orders for purchased supplies and/or services
    - ☐ Evaluation records of approved suppliers
    - ☐ List of approved suppliers
    - ☐ Records of supplies and services ordered from vendors
    - ☐ Records of complaints
    - ☐ Records of corrective actions
    - ☐ Records of preventative actions
    - ☐ Records of improvements
    - ☐ All completed internal audits conducted in the last year
    - ☐ All completed internal audits conducted for onsite and or technical operations
    - ☐ Copy of schedule for internal audits (audit plan)
    - ☐ Schedule and results of completed Management Review
    - ☐ Records of the laboratory environment for the last 12 months (where relevant)
    - ☐ Latest PT/ILC results including any corrective actions for outliers
    - ☐ PT/ILC plan for PT requirements compliance
    - ☐ Samples of usage of the Accredited symbol (business cards, invoices, brochures, quotes, etc.)

2. Since the assessor is expected to observe as many scope related measurements made in your laboratory as possible, please try to have as many instruments or tests available as possible for observation by the Assessor.

3. Please have the following readily available for each parameter / technology on your scope:
    - ☐ Records for each calibration in the measurement traceability chain;
    - ☐ Uncertainty budgets where necessary for the traceability chain, including any calibrations performed in-house;
    - ☐ Training records and authorization of technicians performing the calibration or test;
    - ☐ Recent sample calibration certificate or test report for scope items;
    - ☐ Results of intermediate checks performed;
    - ☐ Calibration / test procedure(s) utilized to perform calibration or testing from the scope.

4. I will also need to review the recent proficiency testing or intra-laboratory comparisons performed in the last year. This will include your submittal of a PT tracking schedule. As your organization may participate in proficiency testing from commercially available providers, the results of these tests can be provided electronically. It is preferred to receive these documents in this media and typically be requested from the PT providers via email.

5. Onsite calibrations or tests scheduled to be performed at your customer's facility should be arranged at a site within 30 minutes driving time and without time consuming safety or security restrictions. If a visit to a customer site is not reasonably practical prior arrangements shall be approved by ANAB.

6. Please provide the following information for planning purposes:

On-Site Location		Estimated Travel Time (1 way)	

Safety Equipment Required:

Safety Glasses: Y/N **Hearing Protection: Y/N**

Safety Shoes: Y/N **Metatarsal Guards: Y/N**

7. Technical witnessing of the scope of accreditation will involve witnessing your staff performing tests or calibrations of the items or parameters currently on your scope. If applicable, requested additions to the scope will be covered sometimes in lieu of current parameters.

Client Approval Confirms:

- Dates of assessment as stated above;
- Agenda events as shown;
- Accreditation standards and programs as stated above;
- No conflict of interest between Assessor(s) and client company;
- Client understands that prior corrective actions to N/C's are to be verified as fully implemented.

We agree with and accept the assessment dates and duration contained herein, and understand that the assessment scheduled cannot proceed until all outstanding invoices are paid.

Customer Representative Name	Title	Signature	Date